



# CITY OF LODI FIRE DEPARTMENT

## Fire Prevention Bureau

25 EAST PINE STREET  
LODI, CALIFORNIA 95240  
(209) 333-6739  
FAX (209) 333-6844



## Permit Application

Date \_\_\_\_\_ Project Name \_\_\_\_\_

Job Address \_\_\_\_\_

Project Description \_\_\_\_\_

City Business License Number: \_\_\_\_\_ City Business License Expiration Date \_\_\_\_\_

Occupancy Type(s): \_\_\_\_\_ ☐ New Construction ☐ Tenant Improvement

A check mark in the box labeled "primary name" will indicate where plan review corrections will be directed

<b>Property Owner</b>	Primary Name <input type="checkbox"/>
Name _____	
Address _____	
City/State/ZIP _____	
Phone _____	
Fax _____	
Email _____	

<b>Architect/Engineer</b>	Primary Name <input type="checkbox"/>
Name _____	
Address _____	
City/State/ZIP _____	
Phone _____	
Fax _____	
Email _____	

<b>Contractor</b>	Primary Name <input type="checkbox"/>
Name _____	
Address _____	
City/State/ZIP _____	
Phone _____	
Fax _____	
Email _____	Lic. Class _____
License # _____	License Exp. Date _____

<b>Project Manager</b>	Primary Name <input type="checkbox"/>
Name _____	
Address _____	
City/State/ZIP _____	
Phone _____	
Fax _____	
Email _____	

### Construction/Building Code Classification

- |   |  |
|---|--|
| <input type="checkbox"/> Civil Improvement                            | <input type="checkbox"/> Spray Booth             |
| <input type="checkbox"/> Compressed Gas System                        | <input type="checkbox"/> Standpipe/ Hose Station |
| <input type="checkbox"/> Hazardous Materials                          | <input type="checkbox"/> Medical                 |
| <input type="checkbox"/> Fire Alarm System                            |  |
| <input type="checkbox"/> Fire Alarm System for Fire Sprinkler Monitor |  |
| <input type="checkbox"/> Fire Flow/Hydrant Test                       |  |
| <input type="checkbox"/> Fire Pump                                    |  |
| <input type="checkbox"/> Fire Sprinkler System                        | <input type="checkbox"/> Annexation              |
| <input type="checkbox"/> Riser #1                                     | <input type="checkbox"/> Land Use                |
| <input type="checkbox"/> Riser #2                                     | <input type="checkbox"/> Lot Line Adjustments    |
| <input type="checkbox"/> Riser #3                                     | <input type="checkbox"/> Parcel Map              |
| <input type="checkbox"/> Riser #4                                     | <input type="checkbox"/> SPARC                   |
| <input type="checkbox"/> Halon/Clean Agent System                     | <input type="checkbox"/> Zoning Variance         |
| <input type="checkbox"/> Hood & Duct Fire Suppression System          | <input type="checkbox"/> Subdivision/Lot Splits  |
|   | <input type="checkbox"/> 1 – 4 Lots              |
|   | <input type="checkbox"/> 5 – 24 Lots             |
|   | <input type="checkbox"/> >= 25 Lots              |

*Fifty percent of applicable fees must be paid at time of submittal. Remainder of fees must be paid before permit will be issued. Applications for which no permit is issued within 180 days following the date of application shall expire by limitation, and plans and other data submitted for review may thereafter be returned to the applicant or destroyed by the Fire Marshal. All appropriate information shall be completely filled out or permit may be delayed.*

APPLICANT SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

Application Accepted by \_\_\_\_\_ Date \_\_\_\_\_



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### **Permit Application Checklist**

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A permit application **WILL NOT BE ACCEPTED** unless all of the following items are submitted or complied with:

- \_\_\_\_\_ 1. **PLAN/INSPECTION FEE:** Fifty percent (50%) of projected fee to be paid at time of application. Remainder of fees are due at permit issuance.
- \_\_\_\_\_ 2. **PERMIT APPLICATION FORM:** Filled out with ALL pertinent information and signed by the applicant.
- \_\_\_\_\_ 3. **THREE (3) COMPLETE SETS OF PLANS with Wet Signatures**
- \_\_\_\_\_ 4. **PERMIT SPECIFIC INFORMATION:** Three (3) copies of cut sheets, calculations, equipment specifications or code required information.
- \_\_\_\_\_ 5. **CONTRACTORS INFORMATION:** Contractors addresses, phone number, state contractor's license number, and city business number is required prior to issuance of a permit.
- \_\_\_\_\_ 6. **SUB-CONTRACTORS INFORMATION LIST:** A list of all sub-contractors used, with addresses, phone number, state contractor's license number, and city business number is required prior to issuance of a permit.

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**COMMENTS:**

**APPLICATION ACCEPTED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_